

MISSOURI DEPARTMENT OF HEALTH AND SENIOR SERVICES STATE PUBLIC HEALTH LABORATORY BREATH ALCOHOL PROGRAM

INTOX DMT MAINTENANCE REPORT

REPORT #1

Complete this report at the time of the regular monthly preventive Complete this report whenever the instrument is serviced or reported in the original and send a copy within 15 days to the Breath	aired and whenever it is place		20	
INTOX DMT SN S00077 NAME OF AGENCY Missouri State Highway Pa	DATE OF INSPECTION 12/10/2024			
LOCATION OF INSTRUMENT (STREET AND CITY) 5100 W. Division St., Springfield, MO 65802	TIME OF INSPECTION 07:42:36			
CHECKLIST: Place a mark in the box by each item if found to be values where determined). Unmarked items must be corrected by	pe satisfactory or is operating pefore using instrument.	within established limits. (W	rite in observed	
☑ DIAGNOSTIC RECORD				
DATE AND TIME 12/10/2024 07:42:39	☑ DETECTOR	☑ DETECTOR		
☑ PROGRAM	☑ FILTER 1	☑ FILTER 1		
☑ SAMPLE CHAMBER 48.8°C ☑ FILTER 2				
☑ BREATH TUBE 48.1°C ☑ FILTER 3				
☑ PUMP ☑ INTERNAL STANDARD				
BREATH ANALYZER ACCURACY STANDARDS				
☐ SIMULATOR STANDARD	☑ COMPRESSED	ETHANOL-GAS MIXTURE		
STANDARD SUPPLIER INTOXIMETERS	LOT#_AG335303	EXP. DATE 12/	<u>/19/2025</u>	
☐ SIMULATOR TEMP (34°C ± 0.2°C)	SIM. SN	SIM. NIST EXP DATE _		
□ CALIBRATION CHECK - (ONLY ONE STANDARD IS TO Run three tests using a standard. All three tests must be wit of .005 or less. Mark the box corresponding to the standard □ 0.10% STANDARD - MUST READ BETWEEN 0.0 □ 0.08% STANDARD - MUST READ BETWEEN 0.0 □ 0.04% STANDARD - MUST READ BETWEEN 0.0	d being used. 195% AND 0.105% INCLUSI\ 176% AND 0.084% INCLUSI\	VE VE		
TEST 1: 0.099 TEST 2: 0.099	9	TEST 3: 0.099	1 Maria 1 Mari	
☑ PERFORM R.F.I. TEST				
INDICATE THE NUMBER OF BREATH TESTS IN THE FOLLOWING RANGES SINCE THE LAST MAINTENANCE REPORT:				
REFUSALS: 0 004: 5 .0509: 0	.1014: 1	.1519: 1	OVER .19: 1	
LIST ANY NEW PARTS AND DESCRIBE ANY ALTERATION OR MODIFICATION THAT WAS ESTABLISHED LIMITS (USE OTHER SIDE IF NECESSARY)	S MADE TO RESTORE THE INSTRUMEN	IT TO OPERATE SATISFACTORILY AND	WITHIN	
time changed +1 minute				
INSPECTING OFFICER				
SIGNATURE	PRINT FULL NAME DAVID W HENI	IFY	13-11	
TYPE II PERMIT NUMBER	N DATE TELEPHONE	NUMBER		
240144 06/28/ RETURN COMPLETED REPORT TO THE Broath Alcohol F		5-6868		
Breath Alcohol F by mail, fax, or e	Program, Missouri Departmer mail	nt of Health and Senior Servi	ices	

Airgas.

Airgas USA LLC (LAB) 3500 Bernard Street St. Louis, Mo. 63103 Ph: (314) 533-3100 Fax: (314) 533-7328

Certificate of Analysis

Customer Name
Exclusive Supplier
Intoximeters, Inc.
2081 Cralg Road

St. Louis, Mo 63146

Test Date: 19-Dec-2023

Lot # AG335303 Model 108

Exp Date 19-Dec-2025 Cyl. Type

Component Ethanol

Certified Concentration 0.100 ± 2% BrAC (260 ppm)

Ethanol Nitrogen

Certification Traceable to N.I.S.T. RGM and to CRM Ethanol Standards:

RGM Serial No. Concentration
EB0010581 391.8 ppm
EB0010570 259.8 ppm
EB0010285 209.0 ppm
EB0010561 103.7 ppm
EB0010681 52.22 ppm

RGM Serial No. Concentration
EB0010603 392.5 ppm
EB0010559 258.9 ppm
EB0010562 104.2 ppm
EB0010579 52.94 ppm

CRM Serial No. CC727481 CC727496

Concentration 799.4 ppm 253.4 ppm

CRM Serial No. CC727493 CC727498 Concentration 389.8 ppm 150.2 ppm

Analytical Method: NDIR

Digitally signed by Quality Control
Research Dry ges vised and certification of analysis
Location Argan USA LLC (Lab)
Dis-12-23-2023 20-20

Approved for Release:

Yusef Woods

ISO 17025:2017 A2LA accredited. Certificate Number 3082.06 ISO 17034:2016 A2LA accredited. Certificate Number 3082.07



STATE OF MISSOURI

DEPARTMENT OF HEALTH AND SENIOR SERVICES
BREATH ALCOHOL PROGRAM



PERMIT TYPE II

DAVID W. HENLEY, JR.

is hereby authorized to instruct and supervise operators, train instructors, inspect, calibrate, perform field service and repairs, and operate the following breath analyzer(s):

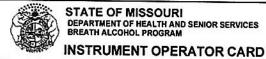
ALCO-SENSOR IV WITH PRINTER, INTOX DMT

for the determination of the alcoholic content of blood from a sample of expired air. Permit issued under the provisions of sections 577.020 through 577.041, RSMo and 306.111 through 306.119 RSMo.

DATE6/28/2024	Mike Massur
AUDITE 240144	DIRECTOR OF STATE PUBLIC HEALTH LABORATORY
NUMBER 240144	7 . 1
EXPIRES 6/28/2026	Davla I. Nichelson
MO 580-0771 (6-10)	DIRECTOR OF DEPARTMENT OF HEALTH AND SENIOR SERVICES

..... 300-0771 (U-10)

LAB-4 (R6-10)



The named cardholder is authorized to operate an evidential breath alcohol instrument for the determination of the alcoholic content in breath form of expired al in Missouri.

Operator HENLEY, JR., DAVID Permit No 240144

Date Issued 6/28/2024 Date Expires 6/28/2026

